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Application No. 09/755,498 JUN 0 4 2003
Technology Center 2100 TRANSMITTAL FORM January 5, 2001 Filing Date (to be used for all correspondence after initial filing) Michael Yip First Named Inventor Group Art Unit 2155 **Examiner Name** Y.N. Won Attorney Docket Number 2717P030 Total Number of Pages in This Submission 16

ENCLOSURES (check all that apply)											
Fee Transmittal Form			☐ Drawing(s)				After Allowance Communication to Group				
⊠ F	ee Attached			Licensing-rel	ated Papers		Appeal Communication to Board of Appeals and Interferences				
Amendment / Response				Petition			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief,				
☐ After Final ☐ Affidavits/declaration(s)				Petition to Co Provisional A			Proprietary Information				
Extension of Time Request			Power of Attorney, Revocation Change of Correspondence Address				Status Letter				
Express Abandonment Request				Terminal Disc	claimer		Other Enclosure(s) (please identify below):				
☐ Informa	☐ Information Disclosure Statement			Request for F	Refund		- return postcard				
☐ P	PTO/SB/08			CD, Number	of CD(s)						
Certified Copy of Priority Document(s)		rity									
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Basic Filing Fee		j Fee	Ken	narks							
Declaration/POA		/POA									
Response to Missing Parts under 37 CFR 1.52 or 1.53											
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT											
Firm or	Li	sa Tom, Reg.	No.	52,291							
Individual n	name B	LAKELY, S	OK	OLOFF, T	AYLOR & ZAFI	MAN	LLP				
Signature L. J.											
Date May 29, 2003											
CERTIFICATE OF MAILING/TRANSMISSION											
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.											
Typed or pri	inted name	Annie G. Pea	rsor								
Signature Hh ~			0	(2e)		Date	May 29, 2003				

E TRANSMITTAL

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT 0.00 (\$)

Complete if Known									
Application Number	09/755,498								
Filing Date	January 5, 200	RECEIVED							
First Named Inventor	Michael Yip	• -							
Examiner Name	Y.N. Won	IUN 0 4 2003							
Group/Art Unit	2155	040							
Attorney Docket No.	2717P030	clory Center 214							

Date

05/29/03

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)										
					3. ADDITIONAL FEES										
☐ Check ☐ Credit card ☐ Money ☐ Other ☑ None ☐															
☐ Dep	☐ Deposit Account					i	Entity		II Entity	<u>-</u>					
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Number						1051 1052	130 50	2051 2052	65 25	Surcharge - late filing Surcharge - late prov					
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The Commissioner is authorized to: (check all that apply)						1812	2,520	1812	2,520	For filing a request for	r <i>ex parte</i> reexami	nation			
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	rge any ad	ditional	fee(s) rec	uired under 37 CFF	R §§ 1.16, 1.17,	.18 and 1.20	4005	1,840*	4005	1,840 *	Requesting publication	o of CID offer			
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1.	BASIC	FILII	NG FE	E	-		1253	930	2253	465	Extension for reply wi	thin third month			
Large			l Entity	· _			1254	1,450	2254	725	Extension for reply wi	thin fourth month			
Fee	Fee	Fee	Fee	Fee Description		Fee Paid	1255	1,970	2255	985	Extension for reply wi	thin fifth month		_	
Code	(\$)	Code	(\$)				1404	320	2401	160	Notice of Appeal				
1001	750	2001	375	Utility filing fee			1402	320	2402	160	Filing a brief in suppo	of of an annual			
1002	330	2002	165	Design filing fee			1402	280	2402	140	Request for oral hear				
1003	520	2003	260	Plant filing fee							•	•	·:		
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			SUBT	OTAL (1)	(\$)		1453	1,300	2453	650	Petition to revive - un				
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2.	EXTRA	A CLA	AIM FE		Fee from	Fee Paid	1502	470	2502	235	Design issue fee				
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1202	18	2202	9	Claims in excess of	f 20				,000		(37 ČFR § 1.129(a))	•		1	
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	original patent			1802	900	1802	900	Request for expedited examination of a design application							
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent					Other fe	e (specify)		respo	onse to office action			-	0.00		
SUBTOTAL (2) (\$) 0.00								•							
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	**or number previously paid, if greater, For Reissues, see below														
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Name	0 (Print/Ty	rpe)	Lisa T	Tom .				egistratio ttorney/Age		5	52,291	Telephone	(503)	684-6	5200

Signature